

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/593/21

9-18-06

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2		1				
3						
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
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47		2				
48		2				
49		2				
50		2				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56		3				
57		3				
58		3				
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97						
98						
99						
100						
TOTAL IND.		2				
TOTAL DEP.		77				
TOTAL CLAIMS		79				